

CLASS CODE: 5351

STATE OF ARKANSAS
DUPLICATE PERMIT REQUEST FORM

Mail with \$5.00 payment to: Arkansas Tobacco Control Board Phone #: (501) 682-9756 Duplicate Fee Amount \$5.00
101 East Capitol Avenue, Suite 204
Little Rock, AR 72201-3826

Name of Business _____ FEIN or SSN _____ Telephone # _____

Mailing Address _____ City _____ Zip _____

County _____ Business Location _____

Sales Tax # _____

ACT 1337, §26-57-222. Permits and Licenses-Duplicates - When a permit or license is lost by a holder, a duplicate permit or license may be issued upon application and for a fee of five dollars (\$5.00) when sufficient proof has been given the Director of the Tobacco Control Board.

Date _____
Signature of Owner, Manager, or Authorized Representative Printed Name of Owner, Manager, or Authorized Representative